

**Application Data Sheet****Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD Disks::  
Number of Copies of CDs::  
Sequence Submission?::  
Computer Readable Form (CRF)?::  
Number of copies of CRF::  
Title:: HYDRAULIC WALL-DAM  
Attorney Docket Number:: FONFREDE1  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 5  
Small Entity?:: Yes  
Latin Name::  
Variety Denomination Name::  
Petition Included?:: No  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?:: No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: France  
Status:: Full Capacity  
Given Name:: Michel  
Middle Name::

Family Name:: FONFREDE  
Name Suffix::  
City of Residence:: Vichy  
State or Province of Residence::  
Country of Residence:: France  
Street of Mailing Address:: 6 rue de l'Eglise  
City of Mailing Address:: Vichy  
State or Province of Mailing Address::  
Country of Mailing Address:: France  
Postal or Zip Code of Mailing Address:: 03200  
Applicant Authority Type:: Inventor  
Primary Citizenship Country:: France  
Status:: Full Capacity  
Given Name:: Christophe  
Middle Name::  
Family Name:: FONFREDE  
Name Suffix::  
City of Residence:: Le Vesinet  
State or Province of Residence::  
Country of Residence:: France  
Street of Mailing Address:: 13 place du Marche  
City of Mailing Address:: Le Vesinet  
State or Province of Mailing Address::  
Country of Mailing Address:: France  
Postal or Zip Code of Mailing Address:: 78110  
Applicant Authority Type:: Inventor  
Primary Citizenship Country:: France  
Status:: Full Capacity  
Given Name:: Stephane  
Middle Name::  
Family Name:: FONFREDE  
Name Suffix::  
City of Residence:: Montbeliard

**State or Province of Residence::**

Country of Residence:: France

Street of Mailing Address:: 16, rue Jean Bauhin

City of Mailing Address:: Montbeliard

**State or Province of Mailing Address::**

Country of Mailing Address:: France

Postal or Zip Code of Mailing Address:: 25200

**Correspondence Information**

Correspondence Customer Number:: 001444

**Representative Information**

Representative Customer Number:: 001444

**Domestic Priority Information**

Application::	Continuity Type::	Parent	Parent Filing
This Application	National Stage of	Application::	Date::
		PCT/FR04/001643	06/28/04

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
France	03/07853	06/30/03	Yes

**Assignment Information**

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::